Amendments to the Specification:

Please insert the following new paragraph after the Title but before the first paragraph:

CROSS-REFERENCE TO RELATED APPLICATIONS

This application is a continuation of pending United States Serial Number 10/095,846, which was filed March 12, 2002 as a continuation of United States Serial Number 09/550,039, which was filed April 14, 2000 as a continuation of United States Serial Number 08/972,526 (abandoned), which was filed November 18, 1997 as a division of United States Serial Number 08/382,744 (abandoned), which was filed December 2, 1995 as a continuation of United States Serial Number 08/223,798 (abandoned), which was filed April 6, 1994 as a continuation of United States Serial Number 07/862,907 filed April 3, 1992 (abandoned), and claims priority from UK Patent Application 9107196.9 filed April 5, 1991. The entire contents of the prior applications are incorporated herein by reference.

Please replace paragraph 1 on page 2 with the following paragraph:

--Drugs of group 1.1 exert both α and β sympathomimetic effects. They include the drug substances adrenaline and ephedrine. Both adrenaline and ephedrine are known clinically as bronchodilators. Though adrenaline, despite side effects induced via its α-sympathomimetic properties, is still used by some practitioners for the treatment of acute asthma, both adrenaline and ephedrine have been largely superseded in asthma therapy.

Please replace paragraph on page 3 bridging to page 4 with the following paragraph:

--Commonly R_1 is 3,4- or 3,5-dihydroxyphenyl as in the case of the GROUP 1.3 drugs (a), (c), (d), (e), (f), (g) and (h) above or 4-hydroxy-3-hydroxymethylphenyl as in the case of the GROUP 1.3 drugs (b) and (q). R_1 may also be, *e.g.*, 2-hydroxymethyl-3-hydroxy-6-pyridyl; 3,4-ditoluoyloxy-phenyl; 3-formylamino-4-hydroxyphenyl; 3,5-*N,N*-dimethylcarbamoyloxyphenyl; 4-amino-3,5-dichlorophenyl; 4-hydroxy-3-ureidophenyl; or 2-chlorophenyl as in the case of the GROUP 1.3 drugs (l), (m), (o), (p), (i), (k), and (l n), respectively.--

Please replace paragraph on page 5 bridging to page 6 with the following:paragraph:

--The GROUP 1.3 drugs can be administered orally, parenterally or (most commonly) by inhalation, *e.g.*, using ~~nebulisers~~ nebulizers or metered aerosol devices or as inhaled powders. Inhalation of GROUP 1.3 drugs presently represents the mainstay of bronchodilator therapy for the treatment of asthma of all grades of severity. The duration of bronchodilation induced by the majority of GROUP 1.3 drugs is relatively short and they are employed to relieve an asthma attack as and when it occurs. As indicated above, the more recently introduced GROUP 1.3 drugs, *e.g.*, (o), (p) and (q) above, are ~~characterised~~characterized by their long duration of action and hence apparent reduced frequency of dosaging required.--

Please replace the second full paragraph on page 6 with the following paragraph:

--Various possible explanations for observed episodes of increased airway obstruction, arterial ~~hypoxaemia~~ hypoxemia or "~~anomolous~~anomalous" or "paradoxical bronchospasm, as well as increased morbidity associated with GROUP 1.3 drug usage, in particular long term/high dose usage, have been proposed.--

Please replace paragraph on page 12 bridging to page 13 with the following paragraph:

--The present invention avoids deleterious side effects hereinbefore resulting or observed in, *e.g.*, asthmatic patients consequent to conventional clinical usage of GROUP 1.3 drugs as racemic mixtures. In particular, the invention provides means to avoid, ameliorate or restrict deleterious side effects, *e.g.*, side effects deleterious to the airways. Thus, the invention provides means to avoid, ameliorate or restrict exacerbation of disease status, for example, basal disease, *e.g.*, basal asthmatic, status or to avoid, ameliorate or restrict, compromise or deterioration of lung function, or any other side effect concomitant to conventional clinical usage, for example, "~~anomolous~~ anomalous", "rebound" or "paradoxical" bronchospasm and, especially, increase in airway obstruction, exacerbation of late asthmatic response or non-specific bronchial reactivity or arterial ~~hypoxaemia~~ hypoxemia. Without limiting the present invention to any specific theory or mode of action, the present invention is in particular to be understood as providing a means for the avoidance, amelioration or restriction or exacerbation of

airways hyperreactivity and/or of inflammatory and other event associated with, or which is an ~~a~~etiological component of, inflammatory or obstructive airways disease, *e.g.*, asthma. Such events are to be understood as including for example, inflammatory cell infiltration of the lungs or airways, connective tissue deposition or smooth muscle hyperplasia within the lungs or airways or other morphological change associated with asthmatic status. The present invention also provides a means of preventing or reducing morbidity, *e.g.*, asthma morbidity, ascribable to conventional, *e.g.*, high dosage or long term, GROUP 1.3 drug usage.--

Please replace paragraph on page 14 Final paragraph with the following paragraph:

--The deleterious effects of the ~~non-bronhcodilator~~ non-bronchodilator enantiomer (*i.e.*, antipode of BRONCHODILATOR ENANTIOMER) of GROUP 1.3 drugs, *e.g.*, of (S)-albuterol and (S)-terbutaline (the dextro or (+) optically active isomers) as well as the advantages obtaining from the application of the present invention may be demonstrated in conventional animal models as well as in clinical trials, for example, as follows:--

Please replace paragraph on page 27 Abstract with the following paragraph:

--Improved use of selective β_2 sympathomimetic bronchodilator drugs in the therapy of obstructive or inflammatory airways disease, *e.g.*,asthma, comprises use in enantiomeric rather than conventional racemic form. The improved use reduces occurrence of side effects, *e.g.*, exacerbation of basal disease status or compromise or deterioration of lung function.--